



BLASTBALL® REGISTRATION FORM

* Form must be completed in full. Failure to do so may result in miscommunications, and/or preferences not being met.



Participant's Name (first & last): _____

Date of Birth: _____ Age on last birthday: _____ Boy: _____ Girl: _____

Shirt Size (circle one): YXS YS YM Other _____

Parent's Name: _____ Cell/Night Phone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Preferred Way of Contact: Email / Text / Call

Willing Coach? YES or NO

Coaches receive EXCLUSIVE T-shirts, so if yes what size T-shirt would you like ? _____

You may request being with a particular coach or a particular practice day. We will attempt to accommodate your request; however, we cannot make any guarantees. Due to increased registration numbers, same team requests will be honored for **same household only**.

Same team request: _____
Name of Participant

Practice day preference MONDAY or Wednesday
5:30 / 6:15 PM 5:30 / 6:15 PM

Once participants have been placed on teams, the coach will contact the parents about practice times/locations and game schedules (after coaches meeting on 09/23/15).

Medical Conditions/Allergies: _____

Special Needs/Requests: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Relationship to Participant: _____

TURN PAGE OVER

Office Use Only

DATE PAID: _____ AMOUNT PAID: _____ Resident

CASH CHECK CC RECEIPT # _____ Non-Resident

WEATHERFORD PARKS AND RECREATION
Release of Liability, Waiver, & Refund Policy Acknowledgement

I understand that there are risks involved in the Blastball program and understand that my or my child's participation could result in injury to my child, including, but not limited to, loss of property, limb, life, or permanent physical impairment of my child. I accept full responsibility for any injury or accident to myself or my child arising out of participation in the above activities, including transportation to the activities, if provided. I hereby release, discharge, and waive all claims against the City of Weatherford, the Parks and Recreation Department, their agents, employees, or instructors for injury or accident to myself or my child that is sustained while participating in the Blastball program. I further agree to indemnify and hold harmless to the City of Weatherford and its officers, employees, and agents from any and all claims and attorney's fees arising from injuries to any person including myself or my child or damage which is caused by or alleged to have resulted in my or my child's participation in the above activities.

I understand that the City of Weatherford and/or its designee may, from time to time, take photos/video of the Blastball activity and I agree to allow the City the use of the photos/video taken for promotional purposes including but not limited to: press releases, City website, publications, brochures and inserts, and social media sites.

If a participant drops out of the program prior to teams being formed/schedules posted, they will receive a refund, minus a \$10 processing fee. Once teams are formed/schedules posted, there will be no refunds, even if the activity has not begun.

By signing below, I understand and agree to the three paragraphs listed above:

Signature of Parent/Guardian

Date

REMIT TO:



Mail: Weatherford Parks & Recreation
119 Palo Pinto, Weatherford 76086

Fax: 817-598-4354

Email: Gtaylor@weatherfordtx.gov

817-598-4124
www.weatherfordparks.com



Office Use Only

DATE PAID: _____ AMOUNT PAID: _____

Resident

CASH CHECK CC RECEIPT # _____

Non-Resident